



STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH SERVICES DIVISION
JUVENILE PAROLE

FURLOUGH REQUEST

Youth Name: _____ Youth ID: _____
Facility: _____ Date of Application: _____

PURPOSE: I am requesting temporary furlough from _____
(Facility Name)
for the purpose of ☐ work ☐ emergency.

I will be **leaving** the facility on: _____ Date: _____ Time: _____
I will be **returning** to the facility on: _____ Date: _____ Time: _____

PROPOSED SCHEDULE: _____

TRANSPORTATION: I will be traveling by the following means:
☐ **Public Transportation** Comments: _____

☐ **Private Transportation**
Belonging to: _____
Make & Model: _____
License Number: _____
Comments: _____

SUPERVISION:
I will report to _____ on _____ at _____
(Parole Officer Name) (Date) (Time)
_____, _____
(Address) (Phone Number)

RESIDENCE: I will be residing
With (Person's Name): _____
Relationship to me: _____
Location (Address): _____

FINANCIAL: I intend to provide for my financial needs through the following means: (List Sources)

_____ Youth	_____ Date	_____ Facility Caseworker/Case Manager	_____ Date
_____ Primary Juvenile Parole	_____ Date	_____ Courtesy Juvenile Parole, if applicable	_____ Date